

**REVIEW FOR PERSONNEL ACTION**

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. IVet. Pref.	5. Sex	6. CSC FOD		
Mo. 05	Da. 06	Yr. 55		Mo. 04	Da. 05	Yr. 55			
			None-0 5 Pt- 10 Pt-2						
7. SCD			8. CSC Reimb.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. Credit. LCD	
Mo. 01	Da. 01	Yr. 55	Yes-1 No-2	Code 01	Mo. 01	Da. 01	Yr. 55	Yes-1 No-2	Code 01

## **PREVIOUS ASSIGNMENT**

14. Organizational Designations PLANT MANAGER	Code	15. Location Of Official Station WASH. D.C.	Station Code		
16. Dept. - Field	17. Position Title	18. Position No.	19. Ser. No.		
Dept. Code USfd			Occup. Date		
Frgrn					
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
			Mo. Day Yr.	Mo. Day Yr.	
			10 15 57	5 15 57	

ACCIÓN

27. Nature Of Action: \_\_\_\_\_ Code: 28. Eff. Date: \_\_\_\_\_ 29. Type Of Employee: \_\_\_\_\_ Code: 30. Separation Date: \_\_\_\_\_  
Mo. Da. Yr. Mo. Da. Yr.

## PRESENT ASSIGNMENT

31. Organization/Designation	Coder	29. Location Of Official Station	Station Code
DR. R. K. GUPTA	1	NEW DELHI	NDL

33. Dept. & Field    34. Position Title    35. Position No.    36. Serv.    37. Occup. Series

From \_\_\_\_\_  
38. Grade & Step \_\_\_\_\_ 39. Salary Or Rate \_\_\_\_\_ 40. SD \_\_\_\_\_ 41. Date Of Grade \_\_\_\_\_ 42. PSI Due \_\_\_\_\_ 43. Appropriation Number \_\_\_\_\_  
Mo. Day Year Mo. Day

## SOURCE OF REQUEST

**B. Requested By (Name & Title)** *[Redacted]*

**C. Person(s) Approved (Name & Title)** *[Redacted]*

**D. Security Approval has been granted for** *[Redacted]*

**E. Security Approval has been granted for** *[Redacted]*

## **CLEARANCES**

Clearance	Signature	Date	Clearance	Pos. Control	Signature	Date
A. Career Board			D. Placement			
B. Pos. Control			E.			
C. Classification		07	F. Approved By			

Department of Health and Human Services

FORM NO. 1159

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